

Nebraska WIC Clinic Listing FY13

Agency Name: _____ Sub Agency: _____

| | | | |
|--|---|---|---|
| Clinic Name | | | |
| Clinic Number | | | |
| Building Name | | | |
| Address (include zip code) | | | |
| Clinic Phone | - - | - - | - - |
| Caseload July 2008 | | | |
| Number of days clinic is open each month | | | |
| List the days clinic is open during the month | | | |
| Hours clinic operates | | | |
| Amount of Time Spent Traveling to & from this clinic each day clinic held | | | |
| WIC Services Available | All | All | All |
| Clinic Staffing indicate # of staff for each position | Nutritionists Nurses Clerks Interpreters NEP Other | Nutritionists Nurses Clerks Interpreters NEP Other | Nutritionists Nurses Clerks Interpreters NEP Other |
| Method of Issuing Checks used most often | On Demand | On Demand | On Demand |
| Clinic handicap accessible? | YES | YES | YES |
| Clinic located in or affiliated with a hospital? | YES | YES | YES |
| Clinic Staff/Ppt. Ratio | | | |
| Clinic Cost (Staff only) | | | |

| | | | |
|---|--|--|--|
| Clinic Name | | | |
| Clinic co-located with other services available at this location, but at different time than WIC clinic (check all that apply & add any additional services) | <input type="checkbox"/> Medicaid <input type="checkbox"/> CSFP <input type="checkbox"/> Head Start <input type="checkbox"/> Immun. <input type="checkbox"/> Hlth Check <input type="checkbox"/> NEP <input type="checkbox"/> Fam. Plan <input type="checkbox"/> Lead <input type="checkbox"/> Other: <input type="checkbox"/> Other: | <input type="checkbox"/> Medicaid <input type="checkbox"/> CSFP <input type="checkbox"/> Head Start <input type="checkbox"/> Immun. <input type="checkbox"/> Hlth Check <input type="checkbox"/> NEP <input type="checkbox"/> Fam. Plan <input type="checkbox"/> Lead <input type="checkbox"/> Other: <input type="checkbox"/> Other: | <input type="checkbox"/> Medicaid <input type="checkbox"/> CSFP <input type="checkbox"/> Head Start <input type="checkbox"/> Immun. <input type="checkbox"/> Hlth Check <input type="checkbox"/> NEP <input type="checkbox"/> Fam. Plan <input type="checkbox"/> Lead <input type="checkbox"/> Other: <input type="checkbox"/> Other: |
| Clinic co-located with other services available at this location at the same time as WIC clinic (check all that apply & add any additional services) | <input type="checkbox"/> Medicaid <input type="checkbox"/> CSFP <input type="checkbox"/> Head Start <input type="checkbox"/> Immun. <input type="checkbox"/> Hlth Check <input type="checkbox"/> NEP <input type="checkbox"/> Fam. Plan <input type="checkbox"/> Lead <input type="checkbox"/> Other: <input type="checkbox"/> Other: | <input type="checkbox"/> Medicaid <input type="checkbox"/> CSFP <input type="checkbox"/> Head Start <input type="checkbox"/> Immun. <input type="checkbox"/> Hlth Check <input type="checkbox"/> NEP <input type="checkbox"/> Fam. Plan <input type="checkbox"/> Lead <input type="checkbox"/> Other: <input type="checkbox"/> Other: | <input type="checkbox"/> Medicaid <input type="checkbox"/> CSFP <input type="checkbox"/> Head Start <input type="checkbox"/> Immun. <input type="checkbox"/> Hlth Check <input type="checkbox"/> NEP <input type="checkbox"/> Fam. Plan <input type="checkbox"/> Lead <input type="checkbox"/> Other: <input type="checkbox"/> Other: |
| Languages other than English spoken by a significant # of ppts at this clinic (list all that apply) | None | None | None |
| | None | None | None |
| | None | None | None |
| | None | None | None |
| Languages other than English spoken by staff at this clinic (list all that apply) | None | None | None |
| | None | None | None |
| | None | None | None |
| | None | None | None |
| Languages provided by non-WIC staff at this clinic. List all that apply & indicate: V -- for Volunteer C -- for Subcontractor F -- for Friend/Family in the box before each language | --- None | --- None | --- None |
| | --- None | --- None | --- None |
| | --- None | --- None | --- None |
| | --- None | --- None | --- None |
| | --- None | --- None | --- None |

Date Completed :

Completed By: